

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	6		7-25-00
<b>RESP NSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

Rejected	N	Non-elected
Allowed	I	interference
(Through numeral) ... Canceled	A	Appeal
..... Restricted	O	Objected

Claim	Date
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Claim	Date
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**BEST AVAILABLE COPY**If more than 150 claims or 10 actions  
staple additional sheet here

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